



CITY OF SUGAR LAND
BUILDING PERMIT
NEW COMMERCIAL GROUND UP
APPLICATION

APPLICATION #: _____

☐ **Must Submit 3 Complete Sets of Plans**

Date Entered & Initial: _____

Notice**Ground up commercial projects must have an approved site plan from City Planning Department. Prior to issuance of Building Permit.

PROJECT ADDRESS: _____

PROJECT NAME: _____

TENANT NAME: _____

LEGAL DESCRIPTION: _____

Lot/Tract

Block

Section

Addition

TDLR NUMBER: _____ ◀ (If valuation is > \$50,000) Texas Accessibility Standards (ADA 800/803-9202)

PROPOSED USE: _____

SQUARE FOOTAGE: _____ **VALUATION: \$** _____

Owner	Street Address	City	State	Zip Code	Phone	Fax
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Contractor	Street Address	City	State	Zip Code	Phone	Fax
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Engineer	Street Address	City	State	Zip Code	Phone	Fax
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Architect/Designer	Street Address	City	State	Zip Code	Phone	Fax
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Separate permits are required for electrical, plumbing, heating, ventilating, and air conditioning. This permit becomes null or void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature Of Contractor Or Authorized Agent	Printed Name	Company	Date
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Signature Of Owner (If Owner Builder)	Printed Name	Company	Date
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Plan Check Fee (Due at time of submittal-Effective August 1, 2003):\$ _____

Building Permit Fee: \$ _____

PROJECT DATA SHEET

PROJECT ADDRESS: _____

PROJECT NAME: _____ SUBDIVISION: _____

LEGAL DESCRIPTION: _____
Lot/Tract Block Section Addition

FOR OFFICE USE ONLY:

OCCUPANCY GROUP _____ NUMBER OF STORIES _____

TYPE OF CONSTRUCTION _____ MAX. OCCUPANCY _____

TOTAL SQUARE FOOTAGE _____ FIRE SPRINKLERS _____

NUMBER OF DWELLING UNITS _____ ZONING DISTRICT _____

SPECIAL CONDITIONS

PERMIT FEES \$ _____ PLAN CHECK FEE \$ _____ TOTAL FEE \$ _____

PLAN REVIEWED BY: _____

APPROVED FOR ISSUANCE BY: _____



CITY OF SUGAR LAND

EFFECTIVE AUGUST 1, 2003

**PLAN-CHECKING FEES WILL BE REQUIRED
AT THE TIME OF SUBMITTING PLANS
AND SPECIFICATIONS FOR CHECKING**

RECOMMENDED SCHEDULE OF PERMIT FEES

***PERMIT FEES**

Total Valuation	Fee
\$1 to \$50,000-----	\$15 for the first \$1,000 plus \$5 for each additional thousand or fraction thereof, to and including \$50,000.
\$50,000 to \$100,000-----	\$260 for the first \$50,000 plus \$4 for each additional thousand or fraction thereof, to and including \$100,000.
\$100,000 to \$500,000-----	\$460 for the first \$100,000 plus \$3 for each additional thousand or fraction thereof, to and including \$500,000.
\$500,000 and up-----	\$1,660 for the first \$500,000 plus \$2 for each additional thousand or fraction thereof.

Three full sets of plans, including site plan, are required at the time of submittal.

***PLAN-CHECKING FEES**

When the valuation of the proposed construction exceeds \$1,000 and a plan is required to be submitted, **a plan-checking fee shall be paid to the building official at the time of submitting plans and specifications for checking.** Said plan-checking fee shall be equal to one-half of the building permit fee. Such plan-checking fee is in addition to the building permit fee. **2000 International Building Code© - Section 108**

Insurance Requirements

Sugar Land Development Code

Chapter 7

Article II. Buildings

Section 7-16. Code Amendments

105.8. *Insurance Required.* As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

The Certificate Holder Box Must Read:

Certificate Holder Box
City of Sugar Land Attn: Development Services P.O. Box 110 Sugar Land, TX 77487

Proof of insurance can be faxed to (281) 275-2371.

TEXAS ARCHITECTURAL BARRIERS

Senate Bill 484, which became effective on June 17, 2001, requires municipalities, prior to accepting an application for a construction permit for a non-residential project that will cost in excess of \$50,000, to verify that the building or facility has been registered with the Texas Department of Licensing and Regulation (TDLR) for compliance with Texas Accessibility Standards.



CITY OF SUGAR LAND

INDUSTRIAL PRETREATMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO:

CITY OF SUGAR LAND

HOWARD CHRISTIAN

P.O. BOX 110

SUGAR LAND, TEXAS 77487-0110

1. Name of firm: _____ Telephone: _____

2. Location: _____

3. Mailing address: _____

4. Owner: _____

5. Water customer account number: _____

6. Type of business: _____

7. Federal SIC number: _____

8. Waste process: _____

9. Major chemicals used: _____

(soaps, detergents, caustics, solvents, acids, metal salts, cyanides)

10. Water source (check one) City _____ Private Well _____
 Metered _____ Un-metered _____

11. Method of wastewater disposal
 City Sewer _____ Septic Tank _____
 Haul _____ Other _____

12. Wastewater estimated to be discharged in sewer system on operating days:

_____ GPD _____ GPD _____ GPD
(Maximum) (Minimum) (Average)

Check one: Domestic _____ Industrial _____ Both _____

13. Volume of greases trap: _____
Volume of sand trap: _____
Water volume of settling tank: _____ gallons
Other (describe) _____
Serviced by: _____ Telephone () _____
Address: _____
Frequency: _____

14. Other wastes:
Are there any liquid wastes generated and disposed of in the sewer system?

Yes _____ No _____

If yes, these wastes may best be described as:

Inks/Dyes	_____	Paints	_____
Trace Metals	_____	Pesticides	_____
Oil and Grease	_____	Plating Wastes	_____
Organic Compounds	_____	Solvent Thinners	_____
Acids or Alkalies	_____	Pretreatment Sludges	_____
Other Wastes (describe): _____			

Are there any liquid wastes or sludges disposed of by other means? Yes _____ No _____

If yes, please describe: _____

For the aforesaid wastes, does your company practice:

On-Site Storage _____

On-Site Disposal _____

Off-Site Disposal _____

Serviced by: _____ Telephone () _____

Address: _____

Frequency: _____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official _____ Title _____

Date _____